

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11	/		/		/		61						
12	/		/		/		62						
13	/		/		/		63						
14	/		/		/		64						
15	/		/		/		65						
16	/		/		/		66						
17	/		/		/		67						
18	/		/		/		68						
19	/		/		/		69						
20	/		/		/		70						
21	/		/		/		71						
22	/		/		/		72						
23	/		/		/		73						
24	/		/		/		74						
25	/		/		/		75						
26	/		/		/		76						
27	/		/		/		77						
28	/		/		/		78						
29	/		/		/		79						
30	/		/		/		80						
31	/		/		/		81						
32	/		/		/		82						
33	/		/		/		83						
34	/		/		/		84						
35	/		/		/		85						
36	/		/		/		86						
37	/		/		/		87						
38	/		/		/		88						
39	/		/		/		89						
40	/		/		/		90						
41	/		/		/		91						
42	/		/		/		92						
43	/		/		/		93						
44	/		/		/		94						
45	/		/		/		95						
46	/		/		/		96						
47	/		/		/		97						
48	/		/		/		98						
49	/		/		/		99						
50	/		/		/		100						
TOTAL IND.	5		1		1		TOTAL IND.						
TOTAL DEP.	23		26		25		TOTAL DEP.						
TOTAL CLAIMS	28		27		26		TOTAL CLAIMS						